
Facts
NJH Initiative
Myths
We breathe science, so you can life.
Behavioral Health
Opportunities
Cessation & Behavioral Health
Quitline Findings
Dr. Amy V. Lukowski
CIGARETTES ARE MY GREATEST ENEMY
More than 1 in 3 adults (36%) with a mental illness smoke cigarettes, compared with about 1 in 5 adults (21%) with no mental illness.

Today's Agenda

- Overview of National Jewish Health
- Overview of the critical issue
- Common myths of tobacco use among those with behavioral health conditions
- Opportunities for treating tobacco dependence
- NJH learnings from participants with behavioral health conditions


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National Jewish Health

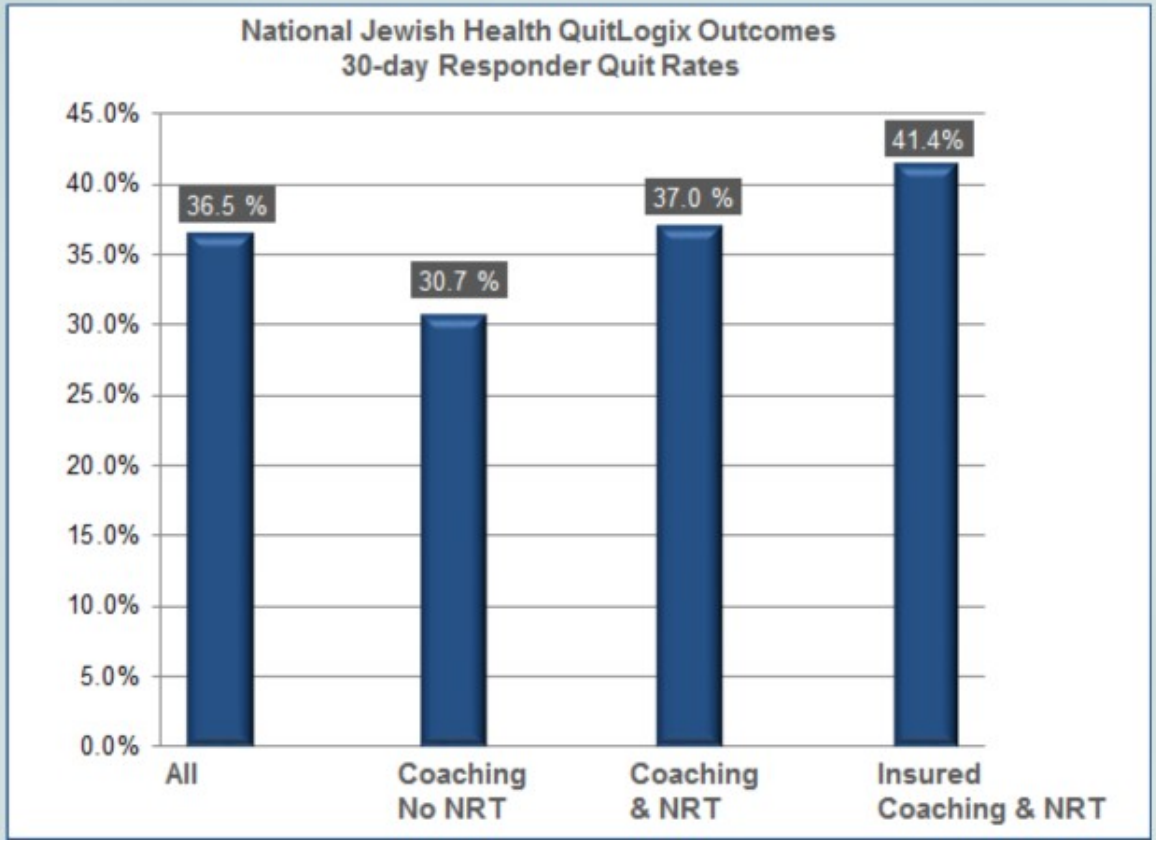
- Our Mission since 1899 is to heal, to discover and to educate as a preeminent healthcare institution.
- National Jewish Health physicians and researchers are at the forefront of a new era in healthcare that embraces a personalized, preventive approach to medicine.
- We continue to focus on personalized medicine through our wellness programs.
- QuitLogix is the largest non-profit tobacco cessation program in the nation.
- We offer evidence-based tobacco cessation treatment.
- We enroll hundreds of individuals a day from all over the United States and have helped over 1,400,000 participants with their quit attempt.

National Jewish Health's QuitLogix

- Intake + Personalized Coaching (5 calls)
  - English and Spanish speaking coaches
- Quit Medications
- Multimodal engagement
  - Phone
  - Web
  - Text
  - Email
  - Print material

National Jewish Health's State Partners

QuitLogix Outcomes

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Definition

- Behavioral health conditions is a broad range of psychological conditions, with varying symptoms, characterised by a combination of abnormal thoughts, emotions, behaviour and relationships with others.
- Includes substance abuse conditions
- BH+ = those with behavioral health conditions
- BH- = those without behavioral health conditions


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Common Myths

- Smoking reduces stress and anxiety
- Smoking helps/reduces depression
- Individuals with behavioral health conditions don't want to quit
- Quitting tobacco is a lesser problem than dealing with BH conditions
- Quitting tobacco will make BH symptoms worse


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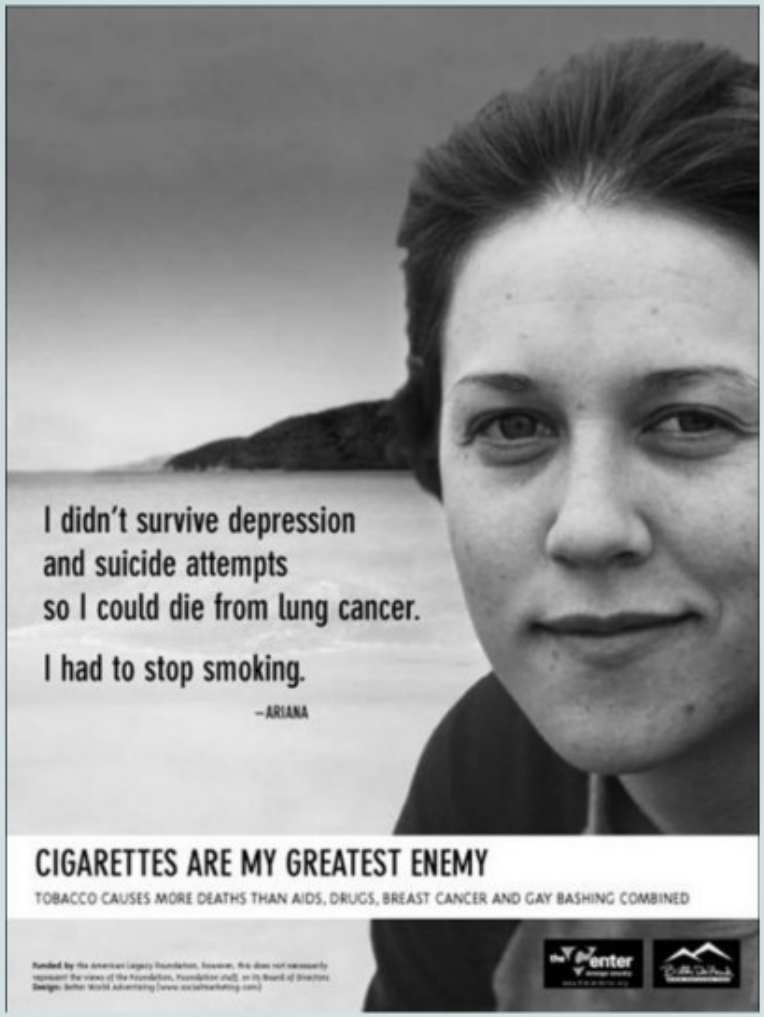
The Facts

- Cigarette smoking = 540,000 deaths per year in US
- BH+ smoke 40% of all cigarettes produced
- ½ of annual deaths from smoking are among BH+
- 36% BH+ smoke cigarettes vs. 21% BH-
- BH+ smoke more cigarettes/month and less likely to quit
- Up to 75% with serious BH+ smoke
- 30–35% of treatment staff smoke
- <25% tx centers offer cessation services
- Increased use of drugs and alcohol among smokers vs nonsmokers

The Facts

- BH+ want and can quit smoking
- Treating tobacco increases likelihood of abstinence from alcohol and drugs by 25%
- > 50% of patients with terminal cancer have at least one BH+
- BH+ develop cancer at a 2.6 times higher rate due to late stage diagnosis and inadequate treatment
- BH+ = higher rate of fatality due to cancer
- Both bupropion and varenicline are effective and tolerable for smoking cessation among BH+

The Critical Issue



Smoking Relationship to BH

- People who smoked but had no history of mental condition had an increased risk of developing one
- Anxiety and depression may be a factor in smoking initiation
- Daily tobacco use was associated with psychosis and earlier onset
- Possible genetic vulnerability
- Greater susceptibility due to experience of reward/pleasure
- BH+ are less susceptible to cessation messages.
- Self-medication strategy for depression, anxiety, boredom or loneliness.
- Increase in withdrawal symptoms
- Early exposure – brain development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What Can You Do in Iowa

- Support/educate BH facility tobacco-free policies – national, state and local level
- Support/educate training of BH providers – training and/or provide training on referral sources/community resources
  - Include myths/facts
  - Evidence-based tx (quitting can reduce dose needed)
- Support/educate on cultural changes
- Tobacco ≠ rewards
  - Tx staff smoking with residents
  - Tx Staff not using/supporting cessation
- Educating tobacco dependence = addiction
- Use your collective resources


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What We Wanted to Know

Which MH conditions are most (or least) common among Quitline callers?

Do specific MH conditions influence Quitline engagement more than others?

Do specific MH conditions increase (or decrease) the likelihood of success of Quitline supported quit attempts?

Screening Questions

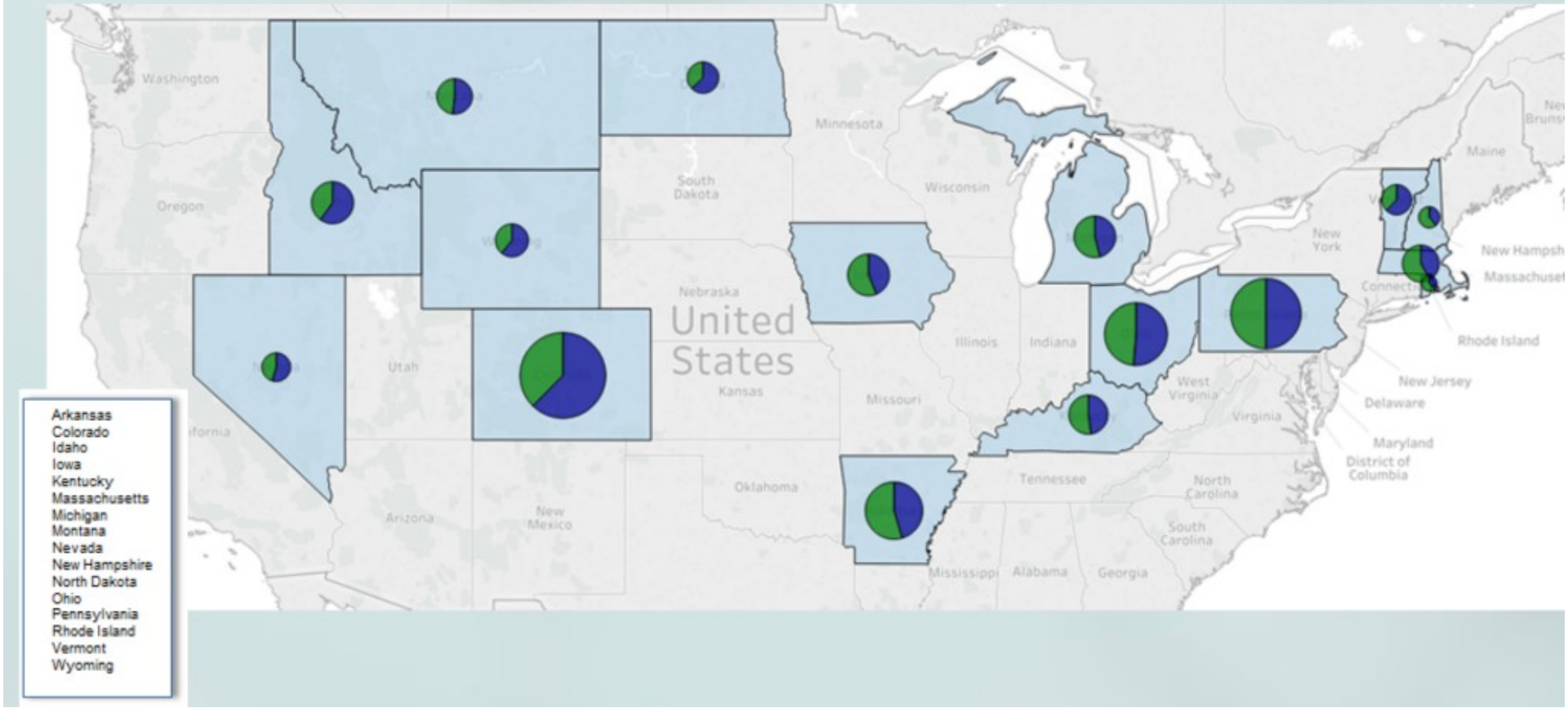
North American Quitline Consortium (NAQC)

- "Do you have any mental health conditions, such as an anxiety disorder, depression disorder, bipolar disorder, alcohol or drug abuse, or schizophrenia?"
- "During the past two weeks, have you experienced any emotional challenges such as excessive stress, feeling depressed or anxious?" and
- "During the past two weeks, have you experienced any emotional challenges that have interfered with your work, family life, or social activities?"
- "Do you believe that these mental health conditions or emotional challenges will interfere with your ability to quit?"

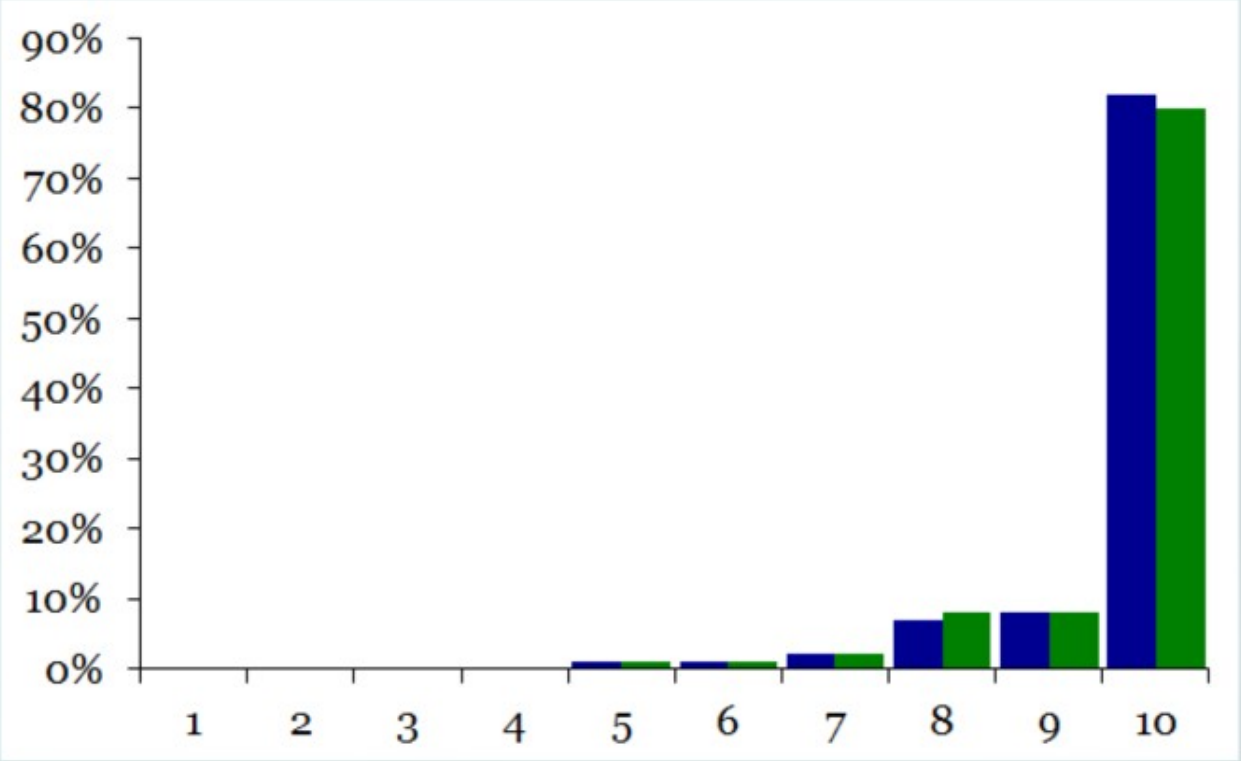
Quitline Enrollment Interviews

- Do you have any mental health conditions, such as anxiety disorder, depression disorder, bipolar disorder, alcohol/drug abuse, or schizophrenia?
- How many times have you tried to quit not including this time?
- What treatments are you currently using to help your mental health conditions?
- Do you currently have any difficulties with substance including alcohol, marijuana, drugs, or prescription drugs?"

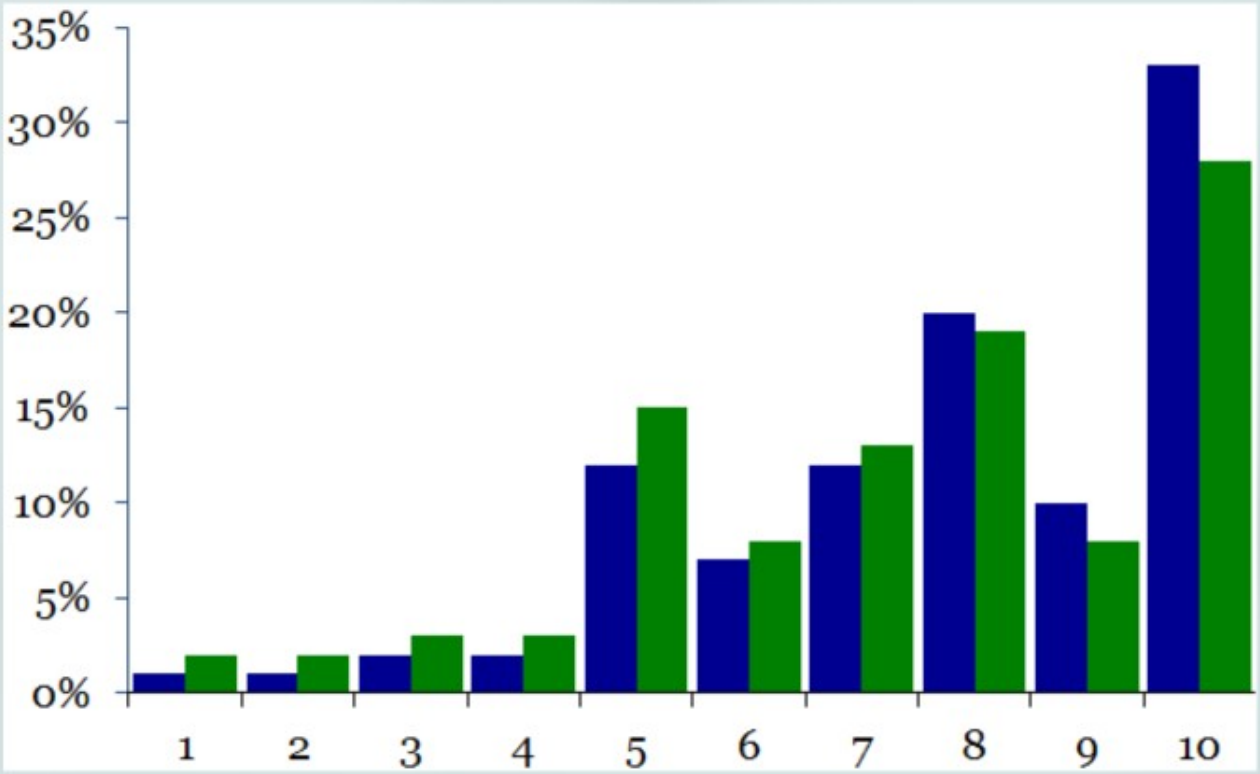
State Partners



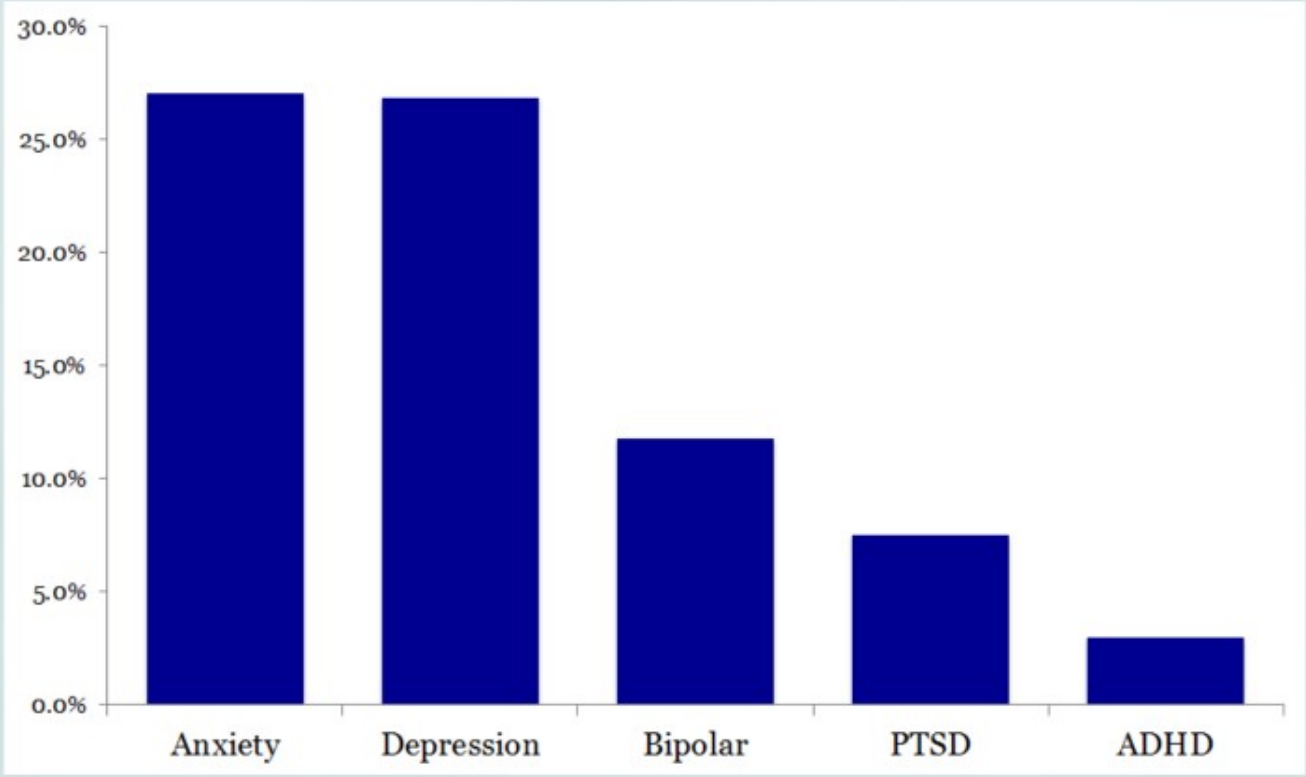
How Important is it for you to Quit?



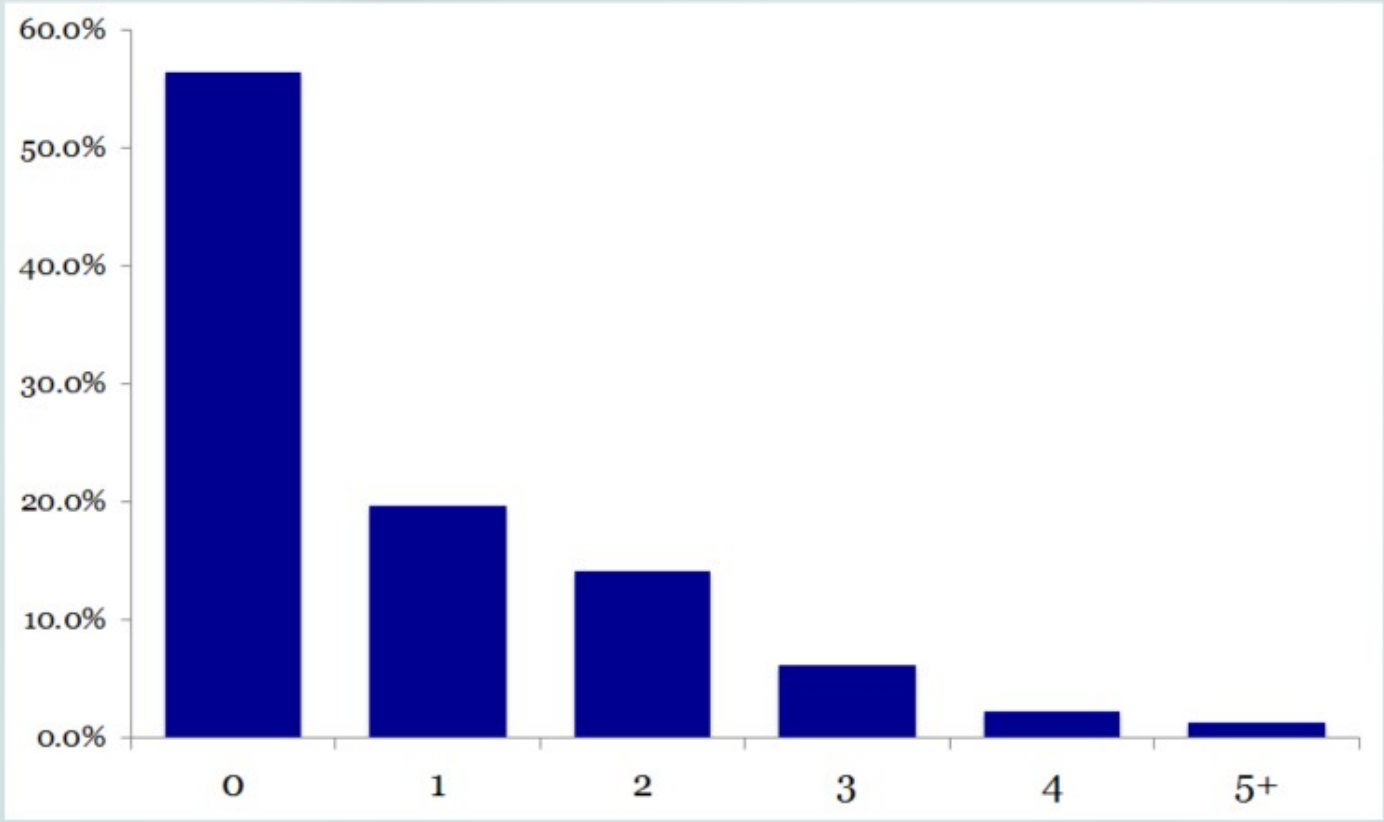
How Confident are You?



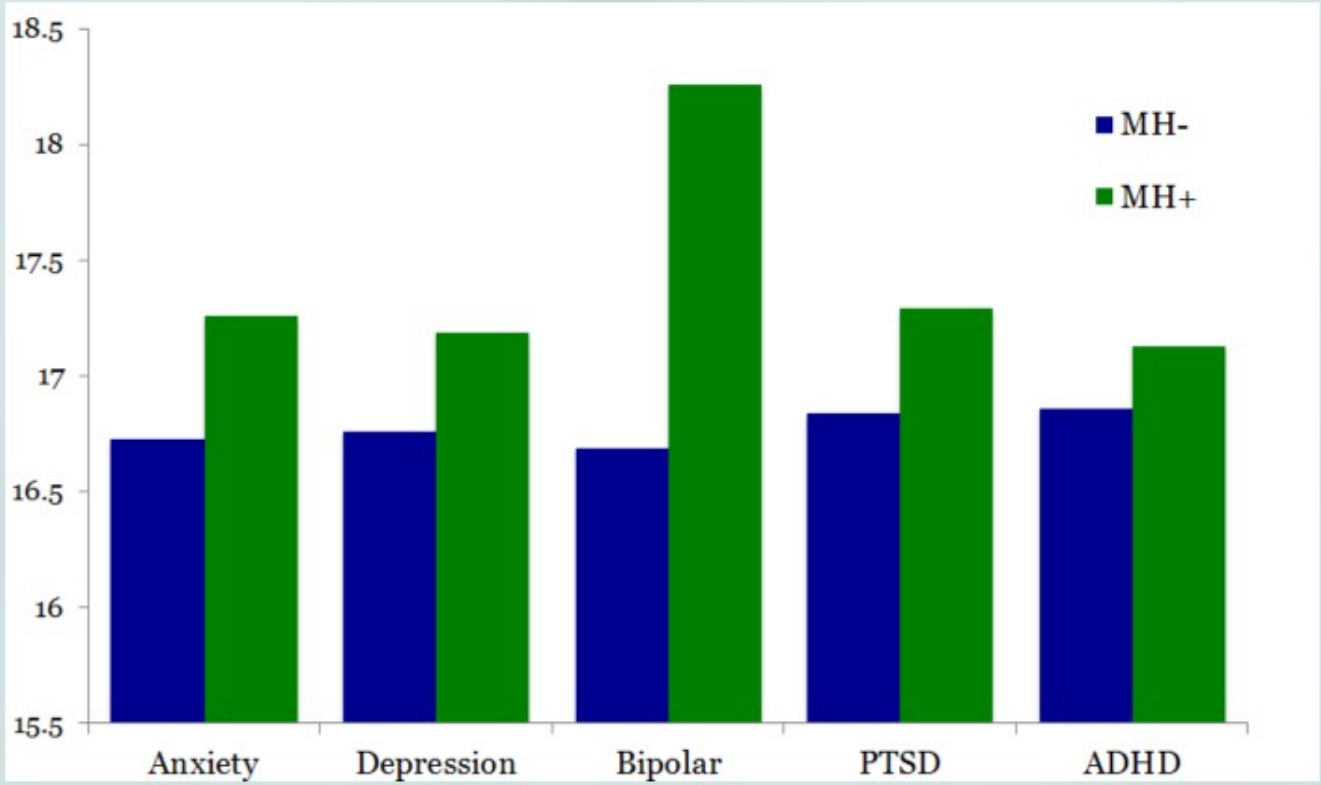
Prevalence of Mental Health Conditions Among Quitline Callers



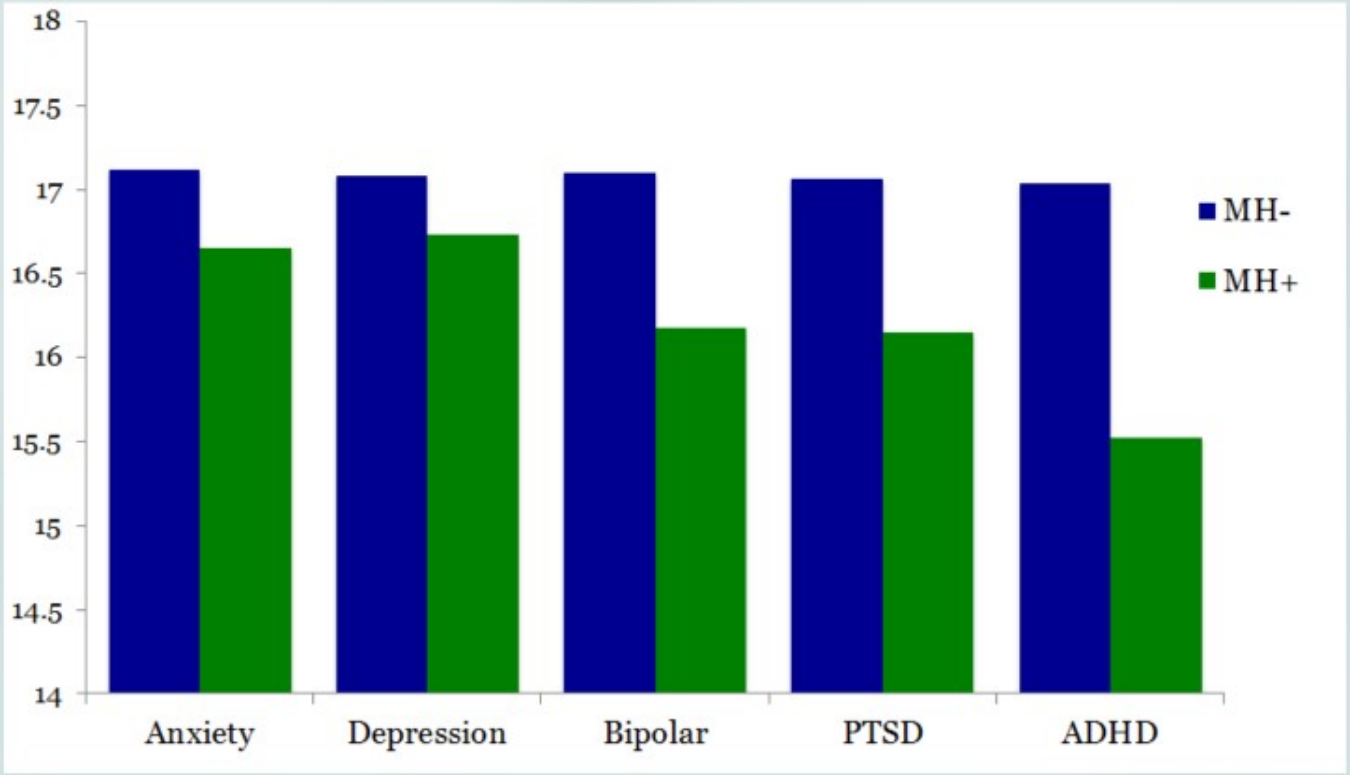
Number of Reported Mental Health Conditions



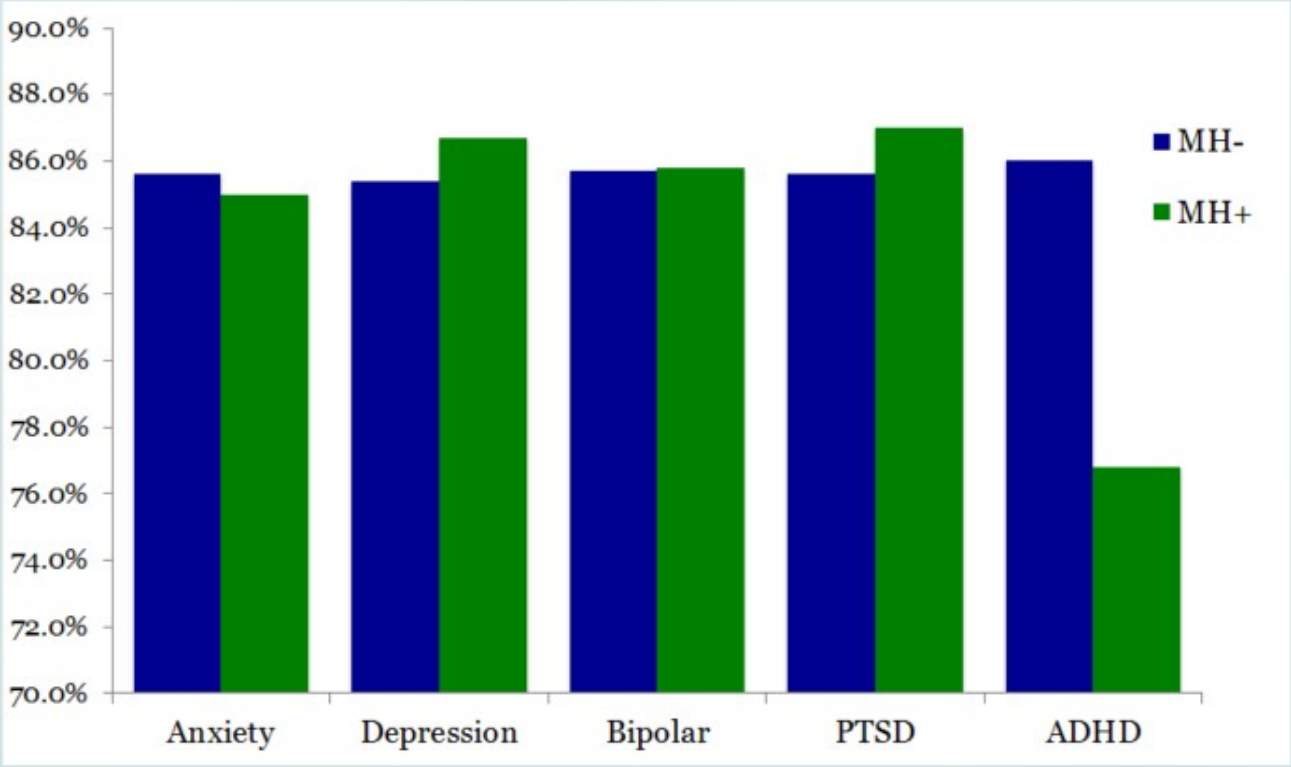
Number of Cigarettes Per Day



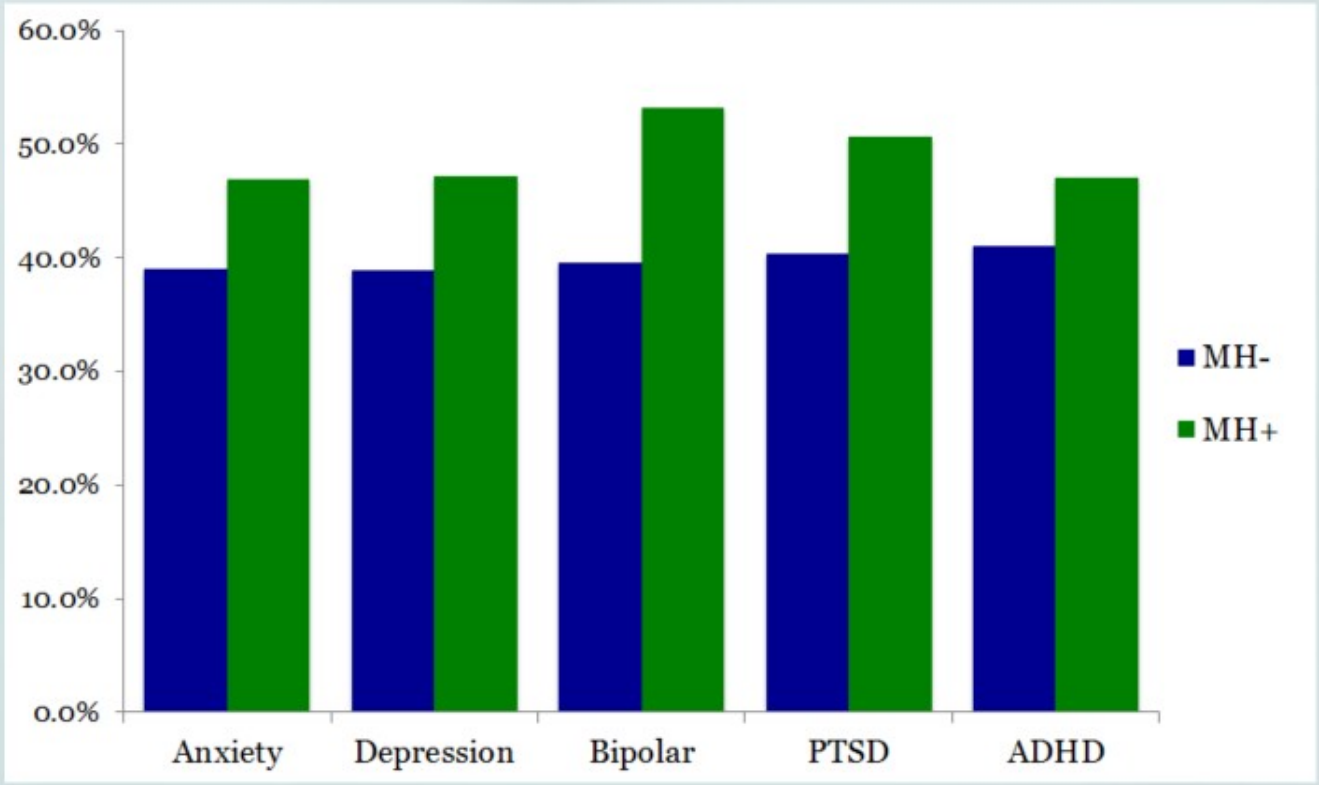
Age of Onset of Smoking (In Years)



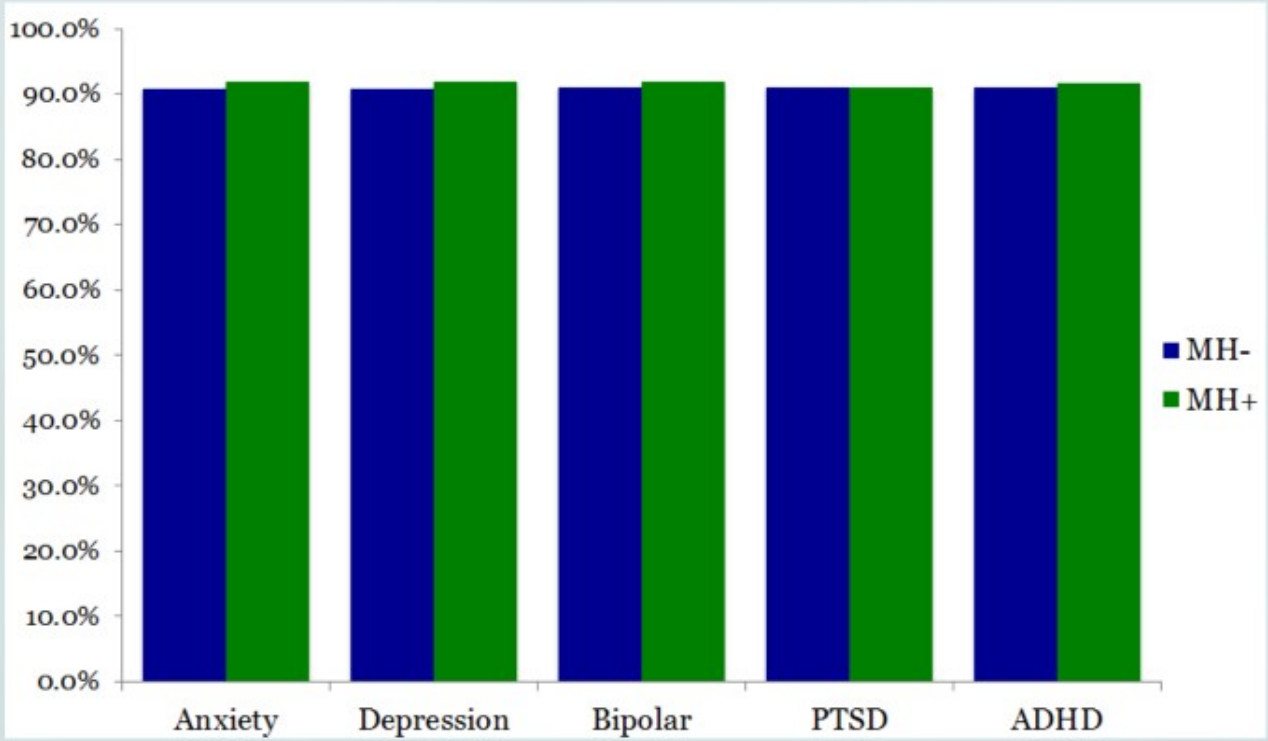
Percent Reporting Smoking for > 10 years



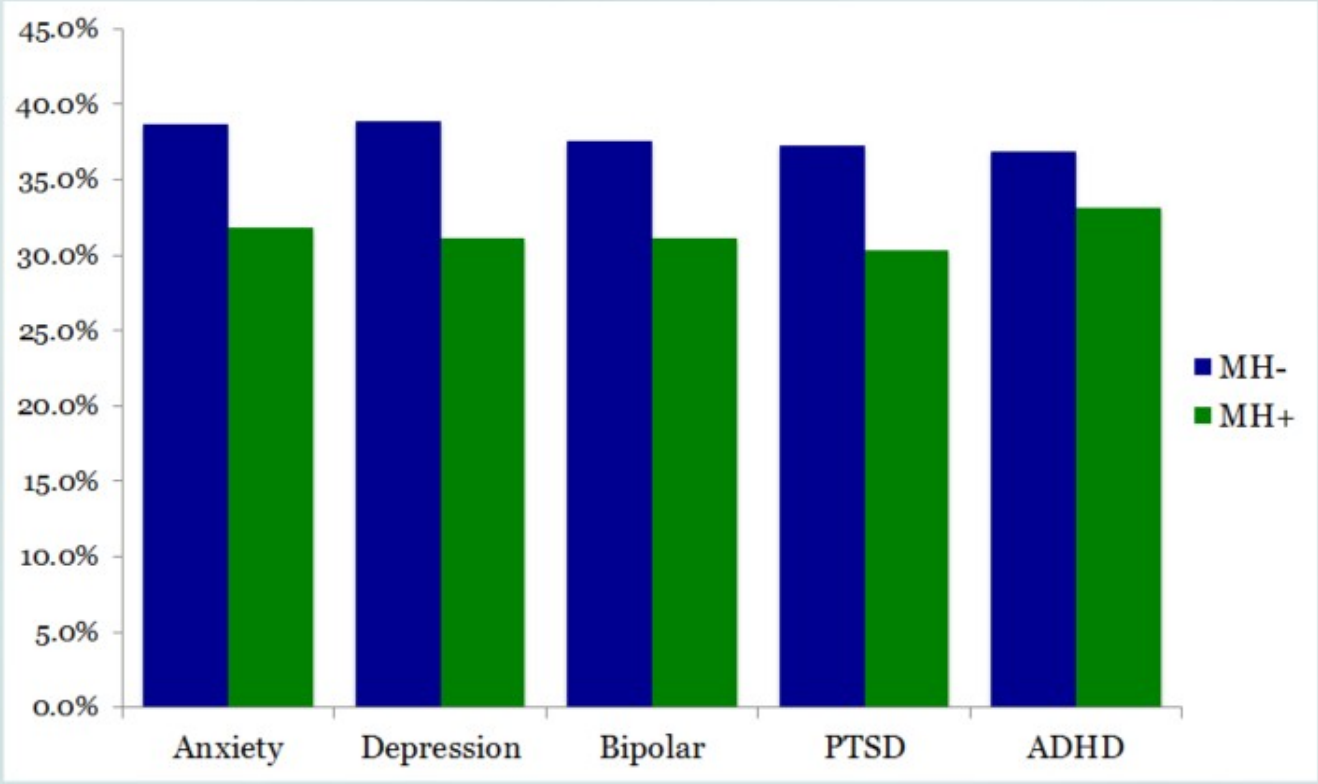
Percent having first cigarette within 5 minutes of waking



Plan to Quit Smoking in the Next 30 Days? (% Responding "Yes")



Have you used any medication to help with quitting? (% Responding "No")



Utilization and Cessation

- MH+ = MH- number of coaching calls
- High cessation rates for both MH+ (24 -29%) and MH- (31 – 33%)
- Cessation rates for callers with anxiety and depression are significantly less in comparison to MH- callers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Background

National Jewish Health (NJH), with several of its state quitline partners, will take a step towards defining and implementing best practices for tobacco addicted callers with specific and identified behavioral health conditions.

These activities form a pilot project which has been designed based on NJH mental health research, a literature review, a collaborative discussion with our partners and evaluators, along with previous quitline data.

NJH BH Pilot Objectives

- To determine if a targeted protocol will increase quit outcomes for participants with depression versus a comparison group.
- To determine if a targeted protocol will increase quit outcomes for participants with anxiety disorder versus a comparison group.

NJH BH Pilot Sample

There will be a total of 2400 pilot participants:

- 600 participants for anxiety intervention group
- 600 participants for anxiety comparison group
- 600 participants for depression intervention group
- 600 participants for depression comparison group

Major activities of the protocol

A redesigned intake including an expansion of mental health data points.
An increase in the length of the calls.
An increase in the number of calls from 5 to 7.
An increase and expansion in the variety of dosage and type of NRT offered (12 weeks) which would include:
4 weeks – 21 mg NRT patch
2 weeks – 14 mg NRT patch
2 weeks – 7 mg NRT patch
4 weeks gum/lozenge
A specialized treatment protocol that will be administered to all eligible participants

Timeline

Project launched – February 22

States participating –

- Colorado
- Massachusetts
- Michigan
- Nevada
- Wyoming
- Vermont
- Pennsylvania
- Ohio

19 – 22 months – including evaluation


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Contact Information

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